

Title: Increasing Opportunities for Impact: Systems-Changes for Perinatal HIV Prevention

Organization: HIV/AIDS Administration, District of Columbia

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Topical Issues of Focus: Using CDC funding to build on existing HIV programs, successful collaborations between programs to prevent perinatal HIV

Background/Objectives

Since 1999, the District has received CDC funds specifically to provide perinatal HIV prevention and enhanced perinatal surveillance activities. While pediatric HIV and AIDS case rates have steadily declined in the District of Columbia, due primarily to increased availability of treatment and specialty care for HIV-positive pregnant women, there is still evidence of increased HIV infection among women of childbearing age in the District. AIDS incidence has increased three-fold among women in the past decade, and among AIDS cases diagnosed between 1996 and 2000, the female to male ratio overall was 1:3, but in some areas of the District (Wards 7 & 8) the ratio was nearly 1:1. With this backdrop, there are inherent challenges to addressing both the needs of women-at risk in general and focusing resources to address the continued reduction of perinatal HIV transmission. Funding is received in the District of Columbia by both the Department of Health (DOH) and directly by CBOs from the same federal and local sources. These multiple funding streams (CDC, HRSA, local funds) have allowed for an increased allocation of funds for programs addressing women at increased HIV-risk, but resulted in disjointed planning and fragmented services, particularly for pregnant women at increased HIV risk.

The Department of Health (HIV/AIDS Administration and Maternal and Family Health Administration) in partnership with the District's HRSA Title IV provider (Children's National Medical Center- Family Connections) sought to address the following systemic problems:

1. There was no SINGLE program that allowed for all elements of the perinatal HIV prevention continuum to be fully addressed.
2. There was a need for better coordination of these activities between DOH agencies and community-based organizations.
3. There were weak program links between HIV prevention outreach services and HIV specialty care and support services.
4. Data was not adequately shared between agencies and programs.
5. Training was not coordinated across programs and DOH agencies.

In order to address these challenges, the District needed to (1) identify and develop of plan for closing service gaps, (2) share critical resources (e.g. cross-training, data-

sharing and planning), and (3) develop internal and District-wide policy recommendations to support systems change.

Methods

The addition of CDC funds have allowed the District to enhance existing program and build provider capacity to improve effectiveness of outreach, screening services, counseling and testing, patient education and referrals for long-term management of infected women and women at increased HIV-risk. The District instituted the following approaches:

- Created a systemic shift in DOH "oversight" of perinatal HIV prevention resources from the HIV/AIDS administrative agency to maternal and child health programs. (Systemic shifts include both planning and program implementation).
- Co-located HIV and maternal and child health services.
- Expanded the District of Columbia Perinatal HIV Work Group structure to enable more effective cross-agency planning, data sharing and joint program activities.
- Increased the capacity of providers (clinical and non-clinical) to understand and implement HIV screening standards.
- Continued to provide mass media messages promoting HIV testing for pregnant women and women of childbearing age. These campaign messages were linked to a maternal and child health hotline number for the first time.

The main accomplishment was the District's approach of "Braiding funding and Braiding programs" which co-located staff hired through different public and private funding at key entry points to prenatal care, specialty HIV/AIDS services, and substance abuse counseling and treatment. The Ryan White Title IV program housed at Children's National Medical Center (CNMC) funds two client advocates placed within the DOH Healthy Start Project, Maternal and Family Health Administration (MFHA), Department of Health (DOH). Family Connections also receives a sub-grant (CDC funds) from the DOH HIV/AIDS Administration for a social work case manager and part-time outreach worker assigned to the same special Healthy Start HIV outreach initiative. These individuals serve as the HIV outreach specialty team for DOH Healthy Start Project as well as other Maternal and Family Health Administration programs. CDC funds additionally support a part-time HIV counselor through a cooperative agreement between Family Connections and Mary's Center for Maternal and Child Health. The counselor is housed at Mary's Center and is available for the entire network.

Results

The major accomplishments were as follows:

- Expanded capacity of participating agencies through cross training, and recently institutionalized some new agency functions.
- The on-going DOH interagency workgroup structure has allowed for increased participation in the design and re-engineering of tools for data collection and planning. Specifically, three intake tools for the DC Healthy Start case

management team now include HIV risk assessment components, as well as questions about testing history of clients. Referral protocols were revised to more effectively move women from the DC Health Start cluster to HIV prevention case management. Additionally, the HIV/AIDS Administration and the Maternal and Family Health Administration have developed a joint work plan to identify childbearing women with identified HIV-risk who are being discharged from hospitals.

- Developed and institutionalized an HIV-specialty team within the Maternal and Family Health Administration. Re-designed DC Healthy Start nurse case management needs assessment and referral tools for integration of HIV-risk assessment elements.
- With CDC funding, reached more than 5400 women through individual and community outreach; 260 women through individual counseling and 71 through prevention case management provided by the HIV-specialty team.
- Implemented a perinatal HIV media campaign, which directs women to the MCH hotline.
- Trained 64 non-clinical providers, including CTRS staff, Women's HIV prevention providers and DC Healthy Start case management staff.
- The Perinatal HIV Clinical Advisory Group convened and developed policy recommendations.
- Received technical assistance from CityMatch, Association of Maternal and Child Health Programs, National Family and Pediatric HIV Resource Center, American College of Obstetricians and Gynecologists and Office of Minority Health.

Conclusion

Early evidence of systems change can be seen in both community-based programs and DOH planning, programs and administrative functions. The greatest challenge was building capacity at the same time that changes were being put in place, and getting buy-in to some changes. The District learned that a cross-agency (DOH) approach with community partnership is critical.